

Impetigo contagiosa

Def: superficial pyogenic bacterial infection.

etiology → Bullous → staph only
Non " → both

PRF → — Same

Site face, limbs, scalp

1st lesion Vesicles

Thin, yellowish brown
Def — x Crusting without ulcer
(superficial erosion only).

healing → without scar

III (ABCE) → erythromycin — Same
↓ ↓ ↓
Penicillin
azithromycin

cephalosporins.

Ecthyma

deep pyogenic bacterial infection
That Penetrate dermis.

GABs, staph or both

— + immunocompromised (DM)

legs, buttock, Thigh.

Vesicles, Pustule.

Thick, hard, brown bloody
crusting over
deep ulcer. (Punched out ulcer)

Scar & Pigmentation

— longer duration.
(deeper & US)
lesion.



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على ارضه الواقع منيش خرق، كذا كذا الاله، امر

Erysipelas	حرقه الحمة	Cellulitis	التهاب خلوي
def: Pyogenic bacterial infection caused by <u>Streptococci</u>		Pyogenic bacterial infection caused by <u>C. strept - staph</u>	
RF: abrasion. minor Trauma (impetigo نس)		Same	
CIP 1- general FAM disease ←	لأنه مرض فؤاد دermal عنصره الـ 4 ←	CIP - ill defined edge - Never bullae - less general manifestation. - " Complication. (آخره يغلب ب abscess)	أقل حرارة أقل تورماً أقل general manifestation. " Complication. (آخره يغلب ب abscess)
2- local (sign of inflammation) Redness - hotness - Swelling tenderness			
Plaque (sign of inflammation) well defined (demarcated edge). يعني أخذ راحة تعالج على الأطراف باعته	وصف محدد من التهاب		
redness → shiny bright red Swelling → Vesicles, bullae - Its recurrence → lymphangitis → lymph edema → elephantiasis. devitalization of skin →			
erysipes ← يعمل تاني تاني			
↓ Viscous Circle يعرف لذلك في تلك طولة فترة العلاج أسبوع بعد ما يشفى عشان recurrence			

لخصيات طبيه

تلخيصات طبيه

زوائد الجلدية Skin Appendages

Chair Follicle - Nail - Glands

Skin Proper → more affected by strept
but " appendages → " " by staph

Folliculitis hair follicle التهاب عند hair follicle	Furuncle (boil) الحول acute	Carbuncle (Chronic)
def: inflamm of hair follicles	1st lesion is Nodule (solid - Painful - redness)	شوية boil جنب بعض وعضاع بيقرن
نقسمه على سطح العمق والكلان	Then yellowish pointing (after suppuration)	Thick Fibrous setta سبينغ
superficial → superficial hair follicle		PDF: Cimmuno Camila
deep → pustules نقطة صخر على سطح الجلد طالع من وسطها		Dm, HF, steroid
- dom share (زك الفتي من الحنك) لجر فاي من داي حنان	Ht: local, systemic antibiotic.	malnutrition:
Derm → Full layer of hair follicle		Site: back:
[2] Pityriasis barbae (barber's itch) Fomicle		Thick لونا الجلد ده
[1] male راجل بيحلق دفته		Thick وعضاع سبينغ
[2] Shaving		Fibrous setta
[3] beard الرقن		- Thigh, shoulder احد القدم واليد
لانه بيحلق بيحصل abrasion يدخل		[CIP] → large indurated
red papule Staph تعمل		Painful red swelling
Pastule طالع منها شفرة		with multiple draining
on erythematous base رقعة على جلد ملتهب		Site and necrosis of
(Pseudo Folliculitis barbae)		intervening skin
الشعرة تنمو العرفا او تنطو و تحزم		Forming a yellow slat
الجلد الجسم يتخللها هيا كانها		less general manifestation
red papule ← Hypersensitive reaction (F.B Granuloma)		
- زكالي خيلوا انه راجل بيحلق دفته		

T.B Mycobacterium T.B

1st T.B complex (Chancres)

Exogenous (direct)

individual isn't previously infected.

lesions: (T.B Chancres) 3+3

1st Papule or Nodule (2-4 w) at site of contact

تتبع رين
خود

indolent Non tender (Unlimited)

2nd Shallow ulcer with granulomatous (base)

3rd heal by scar formation.

Lymphadenitis - Lymphadenopathy

lymph Vessels (خط لنفاوية)

عنبر الطرف

الموصل لل L.N

2nd T.B

Organism: exogenous - endogenous

Patient: individual previously infected (vaccinated, infected)

lesion: according to patient immunity (B.C.G) طوة (مقاومة)

moderate to high (تعداد لين T.B والجسم) (Lupus vulgaris)

infection BCG ← exogenous - ازاي وصل للجسد
direct blood ← endogenous

حينئذ ان الازمنة ف الجسد

more in Face

ضامة الخريضة

moderate to high.

lesion وصف ال

deep seated nodule

reddish brown

Plaque composed of deep seated nodule.

heal by Scar formation.

(Thin smooth unhealthy scar).

شفى ← فعلا ان فيه activity

يعني سببها ان حصل تعادل

بين TB (Nodule) والعدوى (Scar)

- contractile.



exogenous

endogenous (lymph)

Lupus Vulgaris

Tuberculosis Verrucosa cutis

Scrofuloderma

- immunity moderate to high

Very high immunity
C $\uparrow$ cell mediated rx

low immunity

lesion

brown plaque composed of
deep seated nodules
with gelatinous consistency(apple jelly nodule)
Discoloration Test

Site more in face

Rough - irregular - fissured

Nodules (شبه السنط)

wart-like T.B.

افرق عن الwart السنط
redish haloes
لو اضرت ببقع T.B.Knee, elbow, hands, feet
dorsum
buttock

Firm, Painless bluish

Nodule. Then

Undermined ulcer
granulating base.
discharge of pus
exudate.- Supraclavicular
- Side of neck
- axillary
- Groins= route of exogenous
Spread $\rightarrow$ BCG, infection
blood
endogenousminor abrasion, trauma
يدخل فيها T.B.lymphatics (القنوات الليمفاوية)
direct extension ofT.B. infection to
Skin From T.B. Focus
L.N., bone, joints.
Pulmonary T.B.healing heal by scar
Ethnic, unhealthy
Contractile scarheal by scar, may
spontaneous recovery without
ttt due to high immunityit may heal even
without ttt leaving
unsightly scar

بغضيرة

2ry infection may cause
lymphadenopathy Not
due to T.B. itself.

+ve

tuberculin test

Tuberculoid

CIP

Skin lesion (Present)

Number → Few, single (أحد أو اثنين)

Site → asymmetrical (حدها)

lesion → Plaque, macules (Common) (less incidence)

edge → well defined, sharply

cut, well demarcated

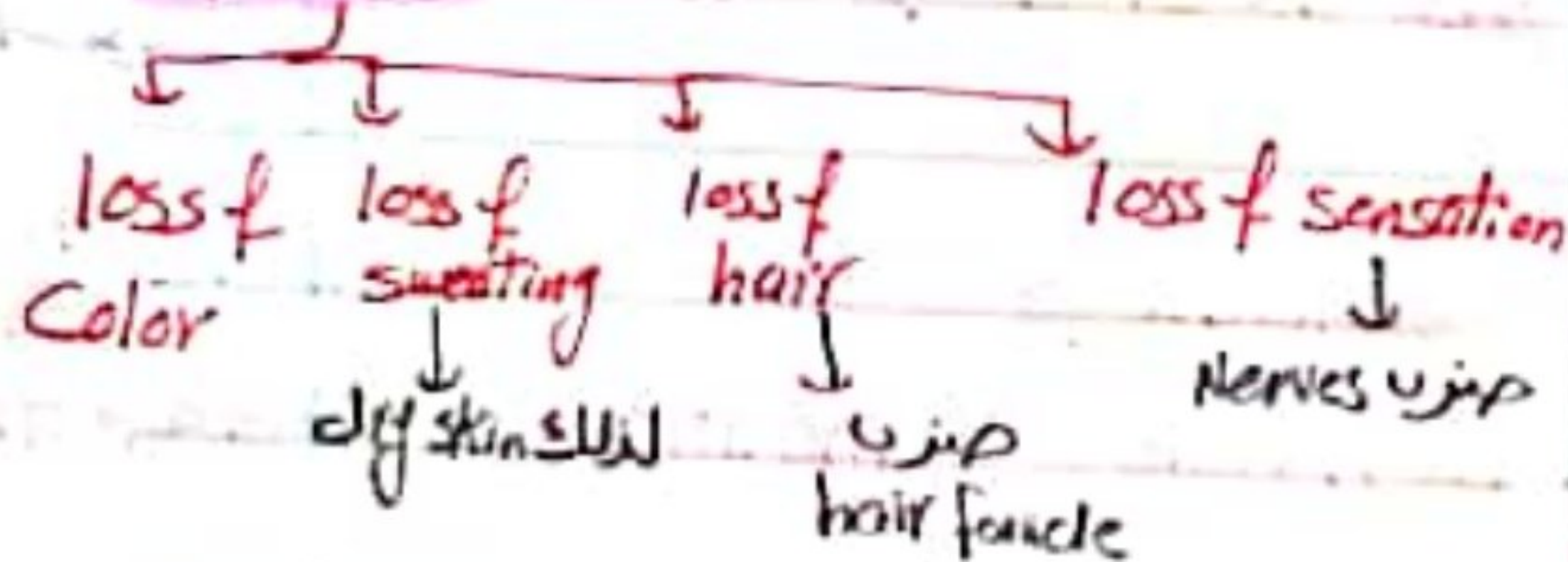
Center

Raised, sloping down
To The center

Center → marked hypopigmented & loss

Color → erythematous Plaque

4 loss



Nerve lesion (Present)

Number → Single, few

Site → asymmetrical

Timing → early affection (early time)

Severity → marked (marked)

(Sensory, motor)

Ch → Thick, Nodular, tender (كثيفة، عقنونة، حسنة)

Lepromatous

CIP

Skin lesion (few)

Number → ↑ (even 100 lesions)

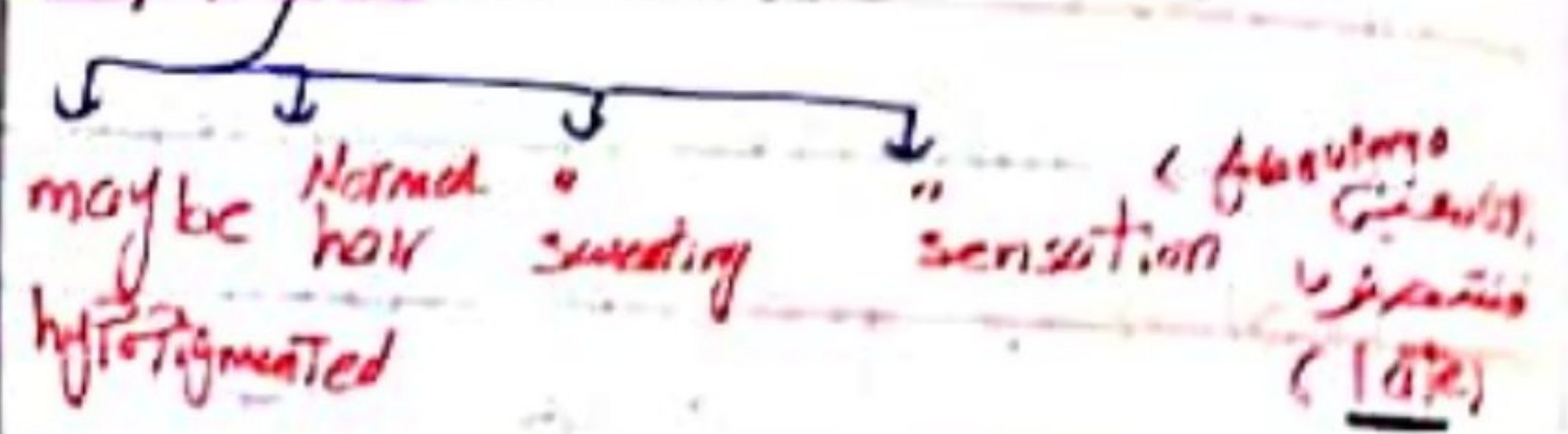
Site → bilateral, symmetrical

lesion → Papule, Nodule, macule

edge → ill defined (Vague)

center → Shiny

Color → erythematous (pink), red, ciliary, normal skin color



(Nerve lesion)

Number → Numerous

Site → bilateral, symmetrical

Severity → mild affection

Time → late in Disease

edema, inflammation

Ch → Smooth

internal organs (Present)

- RES

- Kidney - muscle

lepra reactions

acute reaction: حادة Chronic: مزمنة

Type I (acute exacerbation)

Type I leprosy: TT and BT (حادثة / حادة)

mech: alteration (change) of cell mediated immunity

(cell mediated ")

Cause: after starting ttt, during Purification, Spontaneously

CIP

old lesion: same but become inflamed, swollen, tender

New lesion → No New lesion (لا تظهر احداث جديدة)

general → mild FAHm (خفيفة / معتدلة)

systemic → No other system affection.

- Nerves (swollen, tender, loss of function) → sensory or motor
Serious complication as Facial Palsy and dropped foot occurs.

Histopathology: -> Untreated → ↑ bacilli and vacuolated macrophages
-> ttt → ↓ bacilli
↑ lymphocyte
giant cells

ttt of lepra reactions

Type II (erythema nodosum leprosum)

Lh and Bh (حادثة / حادة)

immune complex mech.

(Humoral immunity)

spontaneously, while under ttt

CIP

New lesion → Painful, red nodule, suppuration, ulceration

old lesion → No change (لا تتغير)

general → severe FAHm (Ag-Ab complex)

systemic → multiple system affected

Nerves → mild affection.

- Few fragmented bacilli
- vasculitis (Ag-Ab complex deposits)
- PMNs



Types of leprosy

Tubercularoid leprosy

Borderline leprosy

Lepromatous leprosy

- Persons with good immunity - lepromin test → strong +ve Site → nerve may be skin (Neural leprosy). Skin lesion: Few (single), asymmetrical Site: Face, limb Ch قد باقى ال tt. Skin lesion فا جوده	Skin lesion is intermediate between two Polar types CTT and LHI lesions, macules, Plaque, annular asymmetrical. Nerve is early affected lepromin test is variable → weak +ve in Tt → -ve → Bh-Bb SSS → +ve but less than in hh.	Low immunity lepromin → -ve Skin, Nerves, mm, eye, internal organs. Skin lesion: macules, Papules Site: face, ear, limbs but less symmetrical - leonine facies (فأوجه الأسد)
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Indeterminate leprosy

Borderline tuberculoid

Borderline lepromatous

- Patient is young - early type of Disease Present with one, few hypopigmented, erythematous macules → small → Poorly defined edge → Normal US in lesion Normal hair, sweat, sense lepromin test → is variable Those with strong immunity ↓ may cure or Persist in This stage Those with poor immunity ↓ Progress to other forms of Disease فقد اللى بي	Border line Tuberculoid lesion similar to Those in Tt but are smaller more Numerous Nerves → less enlarged Fate: Disease can remain in This stage, covert back to Tt or Progress to Bh or hh (ع) حب ال immunity احلج هنا ملك	Borderline lepromatous (hh) lesions are Numerous Plaque, Papule, macule but less symmetrical than hh Nerves → anathesia is absent or moderate regional adenopathy is Present. Fate: may remain in This stage, imP or Progress to hh
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endogenous corficie).

endogenous (blood).

T.B cutis orificialis

miliry T.B

T.B gumma

very low immunity.

— low immunity —

او ادم في قنزان
low resistance.

Cimmuno compromised - children).

Painful ulcer.

Papule, vesicle, Pustule

single or multiple (غالباً).

Not Nodule →
Painful

ulcer →

heal by scar.

يعمل قبلها Papule
تسبب ulcer حشرية
تشوفا اصلا
(مناعة ضعيفة جداً)

cross of lesion

(millet size)
(حبة الدس - الثعير)with severe advance
Visceral T.B - ^{site of} trauma

body orifices) من جوارب

Lung → Nose, mouth, tongue

fil → anus

urinary meatus.

blood (في جوارب)

(Lung)

blood

it affect the extremities
more Than Trunk.No tendency to spontaneous
healing.

Poor Prognosis

± ve

- ve

- ve



tuberculoid

internal organs → Never

microbiology

SSS → -ve

lepromin → +ve

Histopathology (biopsy)

granuloma with No lepra bacilli
as it's Paucibacillary

ttt → For 6 month

Prognosis → good

ROX

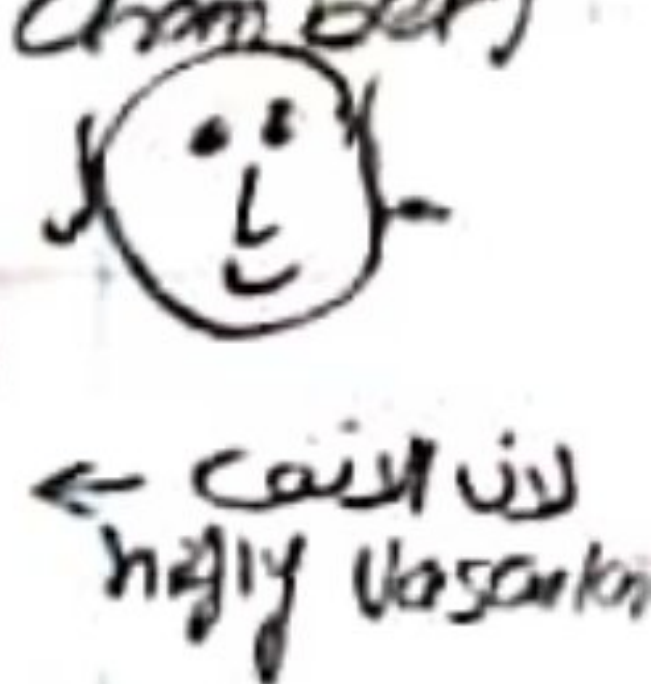
Lepromatous

mucous membrane (UPR-mouth)

eye (iridocyclitis in ant chamber)

Nose (x septum → saddle nose)

Common epistaxis



- Nodule in ear, forehead

→ "leonine faces"

xx testis → atrophy, impotence

[3] Special Ch. (diagnostic)

- loss of outer $\frac{1}{3}$ of eye brow (late)

- loss " eye lashes

saddle nose - epistaxis

- leonine faces

microbiology

SSS → +ve

lepromin → -ve

Histopathology

Foam cell (vacuolated macrophage)

very waxy بلعنة mach

حوالين lepra

bacilli

ttt → For 2 year (-ve SSS)

Prognosis → bad

contact dermatitis

irritant contact dermatitis

Cause: result from exposure of the skin to the external irritant (acid, alkali)

Patient: all exposed persons.

Site: → limited to the site of contact

زمان: 1st exposure (الولادة قوية زي رائحة)
 - take short duration.
 - cumulative effect "irritant is weak, mild"
 - المنظفات & detergents

immunity: → No immunological role (direct irritant).

exa: alkali, acid, Fiberglass.
 irritant substance

← زي اشتعال خطوا ايديهم في جردل
 حمض قوي اللي فيه حرق فيه

allergic contact dermatitis

Not all exposed persons

bilateral (Not limited to site of contact).
 (blood spread).

Never with 1st exposure
 with repeated exposure.
 (long duration).

delayed Hyper sensitivity reaction.

exa: Rubber, Plastics, hair dye
 Some drugs (Sulpha, Penicillin).
 Chromium in cement

allergic sensitizer substance.

← افاده شخص انعرف الحاجة
 عليه Foreign
 ← استقبلت عليه T-cell استقرت
 لangerhans cells
 عليها كونت ليها memory
 استقرت عليها في كل مرة

atopic eczema.

infantile

Site: Face & Cheek,
Forehead, neck
Flexor extremities

Age 2-2 year
month

ch. & acute

- ill defined erythematous
Patch → itching
Pustis → 2ry infection
rubbing Cheek.
irritable.

2ry infection → lymphadenopathy

- oozing surface →
Vesicle, Papule →
crust. Scale
↓ ↓
لوزنشفة لوزنشفة

Childhood

Cubital, Popliteal Fossa
Side of The Neck
& Flexor extremities

2 - 12 year

Severe itching For
long Period →
lichenification, scales,
crust

adult hand

localized → eye
anus, around mouth
Generalized, Cubital
Popliteal, Forearm

7 12 year

some →
↑ lichenification
→ linear erosion
excoration.

2ry infection

yeast

blood - CNS.

Dermatofyte	Yeast (Pityriasis versicolor)	Yeast (Candidosis)
⑤ beard area <i>ctinea barbaei</i>		I local Candidosis m.m (mouth ← فوق genitum ← رخت)
⑥ Palm, Sole <i>Tinea manuum</i> <i>Tinea pedis</i>		II genital candidosis - male → maniaal prot. Peri anal خامة لكان ↓ undum scried male
⑦ Nail <i>ctinea unguis</i> = onychomycosis ظفر ظاهر غير دقيقة لان اي خطر ضرب الظفر		- Female → Vulvo Vaginitis balanitis خامة لكان حلل، فاعل، صغيفة، تافز
* <i>ctinea unguis</i> - Pityrius " f. lichen Planus f. Nail.		III mouth → Oral Thrush صر فذجا and superficial glossitis Pseudomembrane, whitish Painful, adherent to underlying mucosa it's inflamed. Friable
		HIV (Perleche) → angular Cheilitis erythema, cracking at angle of mouth.
		IV Skin

dermatofyte

Trichyasis versicolor

Candidiasis

+++

① Local for local infection

1- Imidazole derivatives

(act on dermatofyte, yeast)

(Broad spectrum antifungal)

→ Clotrimazole 1% - 2%

miconazole 2%

Ketoconazole 2%

② Naftifine, terbinafine

white field's ointment

(act on dermatofyte only)

شفوي - whitefield ointment

- Salicylic acid 3

- Benzoic acid 6

- Lanoline 12

- Vaseline 100

(كحل 100% الفازلين)

③ magenta Point

(Castelloni Point)

→ inflamed f. Pedis

Systemic → extensive infection

alopecia = Tinea capitis

① Local +++ (علاج موضعي)

① → Same (Imidazole)

② Sodium Thiosulfate 30%

③ alcoholic with field lotion

(مخفف في زيت)

الخطوة 1: الفازلين الأبيض

④ Sodium hyposulfite 30%

⑤ selenium sulfite 2%

(سليمونيد)

Systemic

① Ketoconazole 200mg 1d → 10 days

② itraconazole 200mg 1d → 7 days

③ Fluconazole 50mg / week → 24 weeks

① Local +++ (علاج موضعي)

① Castellani Point

② gentian violet 1-2%

(علاج موضعي)

③ Nystatin cream, Powder

↓ anti candida only

④ imidazole derivative

⑤ +++ of PD (castellani)

Systemic

① Fluconazole 50mg on

② itraconazole 200mg bid → 1 week

③ Fluconazole 200mg

for one day

Demotocyte

III Griseofulvin (Diflucan)

antifungistatic against dermatophytes

(one tablet 125 mg / 1 to 4 mg)

(12,5 mg / 4 mg)

تأخذ بعد الأكل 2-3 مرات

Duration:

1. Tinea capitis (6-8 weeks)

2. cruris - corporis Tels

3 weeks

3. onychomycosis (تلفظ)

6 month For Finger Nail

12 month " Toe Nail

(3 ^{× 2} → 6-8 ^{× 2} → 12)

II Terbinafine →

Fungicidal against dermatophytes

(250 mg / day → adult)

(50 mg / day → children)

Duration:

① Tinea capitis → 6 weeks

② - cruris - corporis Tels 2 weeks

③ onychomycosis (2, 4, 6)

Azole Systemic: - (200 - 200 - 150)

II Itraconazole (dermatofyte and yeast).

200 - 400 mg 1 day (One week in month).

Duration.

- ① Tinea cruris. corporis. Pedis → 200mg 1 day For one week
- ② Onychomycosis → 200mg bid For only week every month →
For 2 month → Finger Nail.
and For 3 months in Toe Nail.

III Fluconazole (mainly yeast but has effect on dermatofyte)
150mg / week حبة في الأسبوع
حبة شهر

Duration.

- ① Tinea cruris → 150mg 1 week → 4 weeks.
- ② Onychomycosis → 150mg 1 w → 3 month For Finger Nail
6 month For Toe Nail.

III Voriconazole (broad spectrum antifungal)
200mg daily 1 to day (hepatotoxic).
duration.

- ① tinea cruris → 200mg 1 day For 10 day.

Tinea capitis

العدس - ٣ اوصاف
 - ٣ أنواع
 - ٣ مميزات
 - ٣ أسباب

١. Scaly ring worm
 ٢. Black dot ringworm
 ٣. Kerion

Children (♂ & ♀)
 organism → t. violaceum
 microsporum
 canis

② Black dot ringworm

→ children

Co → t. violaceum

③ Kerion

animal → Human

Co → m. canis
 t. verrucosum

④ Favus
 قشرة صفراء

Children - adult

Co → t. schoenleii

شظائلي - أكلاني

Tinea corporis

الرجل

trichophyton - microsporum → Co

lesion - وصف المكان

Site → Non Hairy Skin
 (arm - shoulders)

lesion → erythematous patch

edge → well defined
 → central healing with
 advanced edge
 → raised
 → active edge
 → Circular Pattern

active lesion يعني يشفى

1. يعني لو بصبت القرحة

fruits - محب

2. crusty - scale - قشر

3. erythema - لونها احمر

Tinea axillaris

تفصيل

الرق (1) قمل

⑤ بينها حشر حشر جاد

Tinea barbae

superficial → carbon

deep → pustular + kerion
 Fungi cuttis

→ angle of jaw

كلية بتطلع صديد أكثر

مكان

Tinea cruris

→ same

⑥ الغرق بس انها فيها
 itching, irritation
 عني

Tinea pedis

(Tinea of athletic foot)

Dm ① خال ساحت عينا

⑦ حرارة ← لا س حرقانة

⑧ طبقة ← hyperhydrosis

Types (٣. مكان - وصف)

① Scaly interdigital

(4th - 5th toe)

→ soft... whitish
 maceration

② Vesiculobullous type

site → side of toes, dorsal
 of foot
 lesion, vesicles, bullae

③ Scaly Hyperkeratotic

side of foot, lower heel

→ scaly Hyperkeratotic

(Press area)

Tinea capitis.

- ① scaly, black dot type
circumscribed Patch of loss of hair
black dot → black stumps
infected hair become Thinned, break
at surface of skin remaining
hair follicle)

Scaly (brittle, broken hair) ^{كشال}

erythematous skin white scales . ^{جلد احمر وعشرة بيضا}

No scar - No alopecia.

② Kerion.

m. canis → severe inflamm of dermis
swollen, edema vised boggy swelling
of scalp

Follicle ooze → ^{توهل للشعر}

③ Favus.

Scutulum → silver yellowish
crusting, cup shape, mousey odour

طالع منة, سطحها اشعة ← ^{Thin, long} ^{كشال} ^{break into two parts}

لعايجعت نعل ^{honey comb app} ^{شعره} ^{coco nut} ^{شعره}

③ Scarring → cicatricial alopecia

T. manum.

Redis ^{بوسيل}
2nd, 3th finger

T. unguis.

- ① discoloration, opacity of nail ^{لون الكشال}
- ② Subungual hyperkeratosis ^{الاد الكشال الظاهر}
- ③ Thickening, cracking of nail ^{الظلمة}
- ④ onycholysis ^{انفصال}

T. tinea. Steroid modified

Tinea ^{تعيان كان عذو}
واشخصيت غلط لى ^{lesion} ^{فأض steroid} ^{فأض steroid}
خف ← بس عا وقف
steroid ← حصل rebound رجع
الlesion بس عا بالصورة
الal. col ^{الى فتحة بينا عليها}
لذلك هنا history مهم جدًا